

Enter Your Information Here:

Full Name: _____ Address: _____
 Email Address: _____
 Phone: _____ Date of Birth (DOB) or _____
 Social Security # (SSN): _____ (responsible parent/guardian for payment authorization)

OPTION 1 - Recurring Automatic Payment from Checking Account

Annual (One Time) (AUGUST)
 Semester (AUG & FEB)
 Quarterly (AUG, NOV, FEB & MAY)
 Monthly (AUG-JULY)

Use **SAME** bank account on file from prior year
 New Bank account information

Depository Name (first & last): _____
 Bank Name: _____
 ACH Routing #: _____
 Checking Account #: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM

I (we) hereby authorize Spring Mountain Christian Academy, hereinafter called SMCA/company, to initiate debit entries to my (our) bank account on the **14th** of the month for the selected payment option. The amount authorized to be transferred will be the amount of the payment plus any past due balance and/or applicable fees. For any changes submitted to the Enrollment Application that affect the amount, the payment amount will also be adjusted.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I understand that thirty (30) days notice, in writing, to the COMPANY is required if I change banks and/or accounts.

Signature: _____ Date: _____
 (Checking account owner signature required)

OPTION 2 - Recurring Credit Card Payment / 3 % fee will be assessed to the total amount

Annual (One Time) (AUGUST)
 Semester (AUG & FEB)
 Quarterly (AUG, NOV, FEB & MAY)

We accept Visa, MasterCard, American Express and Discover

Card Holder Name (as shown on card): _____
 Card Number: _____
 Expiration Date: _____ / _____ Security Code #: _____
 Address (must be the billing address for the credit card holder): _____
 City: _____ State: _____ Zip: _____

I authorize Northwest Christian Education to charge my credit card on the **14th** of the month for the selected payment option amount based on the 17-18 Enrollment Confirmation.

*** If semester and/or quarterly, this authorization will remain in effect until I notify SMCA in writing two weeks prior to the automatic charge that I wish to change and/or discontinue credit card payment option.**

Authorized Signature: _____ Date: _____

OPTION 3 - CHECKS BY MAIL - payment due on the 14th of the month for the selected payment option

Annual (One Time) (AUGUST)
 Semester (AUG & FEB)
 Quarterly (AUG, NOV, FEB & MAY)

Make checks payable to: Spring Mountain Christian Academy

Mail completed form and/or payment to: Spring Mountain Christian Academy , 12152 SE Mather Rd. Clackamas, OR 97015